

Oakland Community Health Network  
Utilization Management Manual  
October 1, 2018

Title:	Authored By:	Eff. Date	App. By:
Introduction to Utilization Management Authorization Decision Guidelines	Nicole Lawson, Clinical Director	10/01/18	Dr. Rosen, Medical Director and OCHN Quality Council

Utilization Management (UM) functions are driven by the Oakland Community Health Network's (OCHN) commitment to the provision of consistent and equitable high quality services that provides supports and promotes opportunities to assist the people served by the OCHN Provider Network to achieve their full potential. OCHN's UM Process reflects the expectations and standards of the Michigan Department of Health and Human Services (MDHHS), the Center for Medicaid and Medicare Services (CMS), and National Committee for Quality Assurance (NCQA). The experience of individuals and families receiving services is central to the UM Process. At the foundation of the OCHN UM Process are the platforms of Recovery, Self-Determination, Self-Advocacy, Trauma Informed Care, and Family Resiliency through a Person/Family Centered Planning Process.

OCHN utilizes functional assessments and authorization decision guidelines to support and inform the person/family centered planning process. OCHN has developed pre-approved service arrays that correlate to the needs of most individuals based upon the results of functional assessments. This allows the staff that works most closely with the person/family to request authorization and receive immediate "real-time" approval of all requests made within the pre-approved service array.

This process combines the use of functional assessments such as the Child and Adolescent Functional Assessment Scale (CAFAS), Preschool and Early Childhood Functional Assessment Scale (PECFAS) the Level of Care Utilization System (LOCUS), Daily Living Activities Functional Assessment (DLA 20), Devereux Early Childhood Assessment (DECA) and the Supports Intensity Scale (SIS), along with authorization decision guidelines to support and inform the person / family centered planning process.

OCHN recognizes that the needs of the individuals and families served by the OCHN provider network are unique and not all needs can be met by the amount, scope, duration, and type of services in the pre-approved service arrays. Therefore, OCHN has developed a specialist review process to ensure that all individuals and families served by its provider network have access to all medically/clinically necessary services in the amount, scope, and duration needed to reasonably achieve the goals in their Individual Plan of Service (IPOS).

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To ensure these decisions are transparent, based on public policy, and consistent across providers, OCHN has reporting and auditing measures in place. These measures include a variety of data analytics such as over / under authorization and utilization reports, audits of clinical protocols, and the use of dashboards and longitudinal reports.

The CAFAS, PECFAS, LOCUS, DLA 20, DECA and SIS are used to support and inform the person centered planning process based on the needs, wants and desires of the individuals and families served by the OCHN provider network. The intent of using authorization decision guidelines is to identify initial and ongoing pathways for supports, services, care, and treatment that will empower individuals/families and their network of supports to make decisions about how best to support their leading self-determined lives, achieving their full potential, and movement toward recovery and resiliency.

The purpose of authorization decision guidelines is to match the intensity of services to the individual's intensity of need in order to develop a plan of services and supports to best assist the individual/family to achieve their goals. These authorization decision guidelines provide transparency of decisions for individuals, family/friends, support networks, and staff. Authorization decision guidelines are intended to focus professional input on the needs, wants and desires of the people we serve and designed to ultimately support potential strategies chosen in the individual's and/or family's (IPOS). They are also designed to take into consideration the factors that most clinicians and other professionals would utilize in determining how much, what type and the duration of supports, services, treatment and care an individual would typically need by considering needs and symptoms in the context of broader person/family-centered resources and quality of life.

OCHN's goal of UM is to evaluate the effectiveness of the services being provided in order to support individuals/families towards achieving their full potential and identified goals. As the support that people need is dynamic, the authorization and provision of services and supports must be flexible in order to increase supports when needed and decrease supports when not needed. Functional assessments and authorization decision guidelines enable providers to respond to the needs of individuals/families by putting the ability to authorize services, within a pre-approved array, in the hands of those closer to the people we serve. True partnership between individuals/families, supporters, and staff is necessary as achievement of goals, reaching one's full potential, enhancing resiliency and advancing in recovery does not happen on its own. The

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relationship between individuals, families, and staff has proven to be the critical foundation to any helping profession; mental health is no exception.

Once the person/family-centered planning meeting has been completed and the IPOS developed, the provider, on behalf of the individual/family, will enter the authorizations into the electronic healthcare record. If, during the person/family centered planning process, all parties are in agreement that certain medically/clinically necessary supports and services are needed in greater amount, scope and duration to reasonably achieve the goals outlined in the IPOS, a request will be made by the provider and reviewed by OCHN using the specialist review process (please refer to the specialist review process protocol for procedural details).

OCHN makes the following two assumptions in using authorization decision guidelines: (1) through the recovery process and in making strides toward living a self-determined life, people will need less intensive supports and services, and (2) changing needs is the expectation, not the exception. The authorization decision guidelines are designed to help people avoid acute levels of care, which are often traumatic, and to assist individuals in achieving their full potential and advancing their recovery and resiliency. Providers are expected to help individuals/families increase natural and community supports and to work with them to enable transition over time to more durable community supports and resources. This is a natural progression toward autonomy and improved health. The UM activities of OCHN examines person-centered outcomes, transition plans, progress towards goals, and the expansion of community and natural supports, as well as assisting the individual/family in achieving other life goals.

OCHN's Utilization Management Process requires the use of these authorization decision guidelines as a method to ensure consistency of authorization decisions not influenced by individual provider finances or staff preferences, and not dependent on an individual needing an advocate in order to get needed services. OCHN believes in continuous evaluation of UM processes, including the authorization decision guidelines. Individuals receiving services, supporters, stakeholders, provider staff, and OCHN work together to ensure that the authorization decision guidelines are used properly. This is accomplished through the use of a variety of reporting such as over / under authorization and utilization reports, audits of clinical protocols, use of dashboards and longitudinal reports. These measures assist OCHN and providers to fulfill the commitment to be transparent in how decisions are made by making these guidelines publically available on the OCHN website.

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OCHN and providers ensure proper use of the functional assessments and authorization decision guidelines via staff training and communication to individuals/families served, as well as their supporters. Ongoing evaluation of the effectiveness of utilization management in measuring the outcomes will be overseen by OCHN's UM Committee and Improving Practices Leadership Team.

OCHN staff responsible for micro-based monitoring (i.e., individual level) and macro-based monitoring (i.e., preparing information for OCHN leaders on aggregate outcomes) are the Utilization Management and Review, Clinical Practice, and Quality Management Teams. Additional management and support is provided by the Service Network Teams that support people with Intellectual/Developmental Disabilities, Adults with Mental Illness, people with Substance Use Disorders, and Children with Serious Emotional Disturbance, Due Process, Customer Services, Recipient Rights, Information Systems, and Budget and Finance.